



CG-RAF, APPLICATION FOR RAFFLE LICENSE

State Form 45384 (R/6-08)

INDIANA GAMING COMMISSION

Approved by State Board of Accounts, 2008

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Reviewed _____

Date Keyed _____

INSTRUCTIONS: Please enclose license fee. Allow 4-6 weeks to process.

1. Name of organization (please type or print)				2. Email address	
3. Previous name of organization (if name changed)				4. Federal identification number (FID)	
5. DBA (Doing Business As) name		6. Contact person		Contact person's phone number	
7. Street address of principal office (as it appears on the Charity Gaming Qualification Application, Form CG-QA; unless organization has moved)					
City	State	ZIP code	County	Daytime telephone number ()	Office business hours
8. On what date and during what hours will your event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour.) Date _____ Hours _____ M to _____ M					
9. Address of the facility where the gaming event will be conducted (number and street)				FOR OFFICE USE ONLY	
City	State	ZIP code	County		

FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION

Attach additional sheets if necessary to supply all information for each line.

10. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one) • If leased (rented) or donated , enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.					
Name of lessor/donor (full legal name)			Address (number and street)		
City	State	ZIP code	County	Daytime telephone number ()	
11. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment/device being leased or donated to you for this event? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement. Note: Gaming equipment/device must originate from a licensed distributor and/or manufacturer.					
Name	Address (number and street)		City	State	ZIP code

Manufacturer and Distributor Information

Attach additional sheets if necessary

12. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase licensed supplies.					
Name	Address (number and street)	City	State	ZIP Code	Items
13. Does your organization own gaming equipment or devices? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment purchased.					
Name of Distributor/Manufacturer	Date of Purchase	Purchase Price	Type of Equipment/Device		

Operator Information

Attach additional sheets if necessary

14. Please list at least (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event.

Full Legal Name	Home Address <i>(number and street, city, state, ZIP code)</i>	Driver's License or State I.D.	Date of Birth <i>(month, day, year)</i>	Daytime Telephone Number	Years with Organization	Check appropriate box
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>

15. Please list the name from above of the **principal operator** who has overall responsibility for the operation and control of this charity gaming event.

X

Name

Daytime telephone number

Worker Information

Attach additional sheets if necessary

16. List all individuals *(excluding operator information above)* who will assist and work in the operation of the licensed event.

Full Legal Name	Home Address <i>(number and street, city, state, ZIP code)</i>	Driver's License or State I.D.	Date of Birth <i>(month, day, year)</i>	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>

17. Have any operators/workers listed on lines 14 and 16, or on any additional sheets been convicted of a felony within the last 10 years in any jurisdiction? Yes ☐ No ☐ If you answered yes, attach a list including each name, type and date of conviction, and jurisdiction/court.

Gross Retail Sales Information

18. Will you be conducting any type of retail sales during the licensed event (i.e. concessions, daubers, snacks, etc.)? *(Check one)* Yes* ☐ No ☐

*If "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

Name of organization offering the sales	Retail Merchant Certificate Number
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19. Which of the following will your organization be receiving? *(Check one)*

☐ All of the retail sales income ☐ A flat fee retail sales payment
☐ A percentage of the retail sales income ☐ Other *(explain)* _____

Additional Activities Authorized

20. Will your organization be selling pull tabs, punchboards and/or tip boards? Yes ☐ No ☐
 Will your organization be conducting a door prize drawing at this event? Yes ☐ No ☐
 (Limitation on door prize drawings at all events is \$1,500 and cannot be increased)

Financial Information

21. Where will the charity gaming financial records be maintained?

Address (*number and street*)

City

State

ZIP code

22. Name, address, and telephone number of the person maintaining these records.

Name

Address (*number and street*)

City

State

ZIP code

Daytime telephone number
()

23. List the organization's separate and segregated charity gaming checking account information

Name of bank

Address (*number and street*)

City

State

ZIP code

Name of separate and segregated Charity Gaming checking account

Account number

License Fee Information

24. The license fee for your first Raffle License is \$50.00. All subsequent license fees will be based on the adjusted gross receipts from the **last event of the same type**. You will find this license fee amount on page 3 item #4 of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by check drawn from your **separate and segregated Charity Gaming checking account**. Make your check payable to: **Indiana Gaming Commission**. Do not send cash.

Notice: Have you held a Raffle License within the last five (5) years? Yes ☐ No ☐

If yes, your license fee is based on the gross receipts of your last Raffle event. If no, your initial license fee is \$50.00.

Certification

25. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer Print name Title Daytime telephone number Date (*month, day, year*)

Signature of Secretary Print name Daytime telephone number Date (*month, day, year*)

Send this application and appropriate fee to:

Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204
Phone: (317) 232-4646